

EMPLOYEE SEPARATION CLEARANCE INSTRUCTIONS

The attached employee separation clearance form should be taken to the organizations in the order shown below. This form must be returned to the Personnel and Management Analysis Branch (PMAB) on your last workday after all signatures have been obtained. PMAB will complete the checkout process and submit the clearance form to HQ Payroll to assure that your final salary check and lump sum annual leave payment may be issued. You cannot receive your final pay check until PMAB receives the completed separation clearance form from you and submits it to HQ Payroll.

Contact Iris Housley, R.N., at (865) 576-0682 or (865) 576-0683 at least two weeks prior to your last day of employment if you desire an exit physical.

Send the following e-mail message, “This is to notify you that I plan to leave ORO/OSTI/NNSA employment on ----- date. Please discontinue telephone voice messaging and close all computer accounts in my name,” to the Information Resources Management Division at IRMD@oro.doe.gov; Assessment and Emergency Management Division at Davidbj@oro.doe.gov; to assure employee databases remain current. Attach copies of each e-mail message to your separation clearance form.

Go to <http://www-internal.ornl.gov/prism> to transfer custodianship of computer equipment to J. N. Harris (Joyce). **Attach a copy of the completed transfer to your separation clearance form.**

The following Oak Ridge Operations employees/contractor personnel will assist you in completing the sections identified below:

Section of Form	Assisting Employee(s)	Organization	Location
Part I	Iris Housley, RN	Personnel and Management Analysis Branch	FOB, Room 1207
Part II	Departing Employee's Supervisor (Branch level or above)	Departing Employee's Organization	Varies
Part III.A. (See Not Below 1/)	Joyce Norris James Cain (Alternate)	Oak Ridge Financial Service Center	FOB, Room 2040
Part III.B.	Kathy Braden Penny Sharp (Alternate)	Oak Ridge Financial Service Center	FOB, Room 2040 FOB, Room 2014
Part IV	Peggy Gibson Keri Tarwater (Alternate)	Training and Development Group (contractor support)	FOB, Room G-055
Part V.A.	Cathy Fallon Scott McGill (Alternate) Jim Thompson (Alternate)	Information Resources Management Division	FOB, Room B3-2
Part V.B.	Richard Dotson Gwen Senviel (Alternate) Charlene Battison (Alternate) Connie Hinton (Alternate)	Information Resources Management Division	FOB, Room 2124-3
Part V.C.	Susie Henley	Information Resources Management Division (contractor support)	FOB, Room 2124-3
Part VI	Phyllis Ferguson	Safeguards and Security Division (contractor support)	2714H, Room H-16
Part VII	Selicia Leonard-Spruill	Internal Security Branch	2714H, Room H-29
Part VIII	Ronnie Dillon Jill Stephenson Patsy Dicks	Personnel and Management Analysis Branch	FOB, Room 1221

1/ All travel documents and receipts for the last 120 days prior to separation must be submitted to ORFSC in order to receive clearance from ORFSC under this part.

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Previously OR-86
Rev. 6/30/00
Previous editions obsolete

**DEPARTMENT OF ENERGY
OAK RIDGE OPERATIONS
EMPLOYEE SEPARATION CLEARANCE**

Name (Last, First, MI)

Organizational Unit

Last Day of Work (or Last Day on
Employment Rolls):

Type of Separation

Forwarding Address

G Resignation
G LWOP
G Transfer to:

G Other:

PART I. EMPLOYEE HEALTH STATION

G I want my medical records copied and mailed to me. I have completed the necessary forms for this transaction.

Date: _____ Signature of Health Station Official: _____

PART II. CERTIFICATION OF EMPLOYING OFFICE

G After examination of appropriate records, I certify that the employee is not charged with Research and Development reports or other classified or nonclassified documents, books, periodicals, equipment, or supplies. No Federal records may be removed from DOE by a departing employee. I also certify the employee G is G is not currently involved in the conduct of procurement expected to result in a contract or modification in excess of \$100,000, as defined by the Procurement Integrity requirements of Public Law 100-679.

Date: _____ Signature of Supervisor: _____

PART III.A. ACCOUNTS PAYABLE - TRAVEL

G Government Credit Returned G Government Credit Card Not Issued G Vouchers Cleared G Advances Cleared G Last 120 Days of Travel Documents Obtained

Indebtedness (specify): _____

Date: _____ Signature of Travel Official: _____

PART III.B. ACCOUNTS PAYABLE - PAYROLL

Clearance granted or deductions made in final check for following items:

G Clearance Granted G Leave Indebtedness G Other (specify) _____

Date: _____ Signature of Payroll Official: _____

PART IV. ACTION OF TRAINING AND DEVELOPMENT GROUP

G Proper documentation for training complete. G Proper documentation for training incomplete.*

Date: _____ Signature of Training Official: _____

* I understand that if proper documentation for training courses is incomplete, those training courses will not be recorded in my Official Personnel File.

Date: _____ Signature of Employee: _____

PART V.A. ACTION OF INFORMATION RESOURCES MANAGEMENT DIVISION (IRMD) FACILITY MANAGEMENT (Room B03)

G Calculator	G Not Issued	G Motor Vehicle	G Not Issued	G Building Key	G Not Issued
G Briefcases	G Not Issued	G Property Pass	G Not Issued	G Keyless Access Code	G Not Issued
G Dictating/Transcriber	G Not Issued	G Desk Lamps	G Not Issued	G Safe Combinations	G Not Issued
G Typewriter	G Not Issued	G Ergonomic Chair	G Not Issued	G Mobile Phone	G Not Issued
G Memorywriter	G Not Issued	G Recorder	G Not Issued	G Heaters/Fan	G Not Issued

Date: _____ Signature of IRMD Official: _____

PART V.B. INFORMATION RESOURCES MANAGEMENT DIVISION (IRMD) - INFORMATION TECHNOLOGY MANAGEMENT (Room 2124)

ADP Equipment on Loan:	G Obtained from Employee	G Not Issued
ADP Equipment used for Work at Home:	G Obtained from Employee	G Not Issued
E-mail notification requesting closure of computer Accounts	G Received from Employee	G Not Received
Printed copy of PRISM update showing successful transfer of any sensitive equipment (i.e., CPU, monitor, printer, scanner, facsimile) Misc.		
Hardware/Software (i.e., zip drive, non-supported software)	G Obtained from Employee	G Not Issued

Date: _____ Signature of IRMD Official: _____

PART V.C. INFORMATION RESOURCES MANAGEMENT DIVISION - INFORMATION TECHNOLOGY MANAGEMENT (Room 2124)

Telecommunication Equipment

Telephone Credit Cards:	G Obtained from Employee	G Not Issued
Cellular Phone:	G Obtained from Employee	G Not Issued
Pager:	G Obtained from Employee	G Not Issued
Mobile Phone:	G Obtained from Employee	G Not Issued
Radio:	G Obtained from Employee	G Not Issued
E-mail notification:	G Received from Employee	G Not Received

Date: _____ Signature of IRMD Official: _____

PART VI. CLASSIFIED DOCUMENT CONTROL

Classified document inventory completed and all secret documents returned to the Central Library.

Date: _____ Signature of Central Library Official: _____

PART VII. SECURITY BRIEFING

Security termination briefing conducted and Termination Statement (DOE F 5631.29) signed.	G Not Required
Other special briefings (cryptographic, NATO, FI1, etc.) conducted and briefing forms signed.	G Not Required
All security badges, passes, and/or identification cards returned.	

Date: _____ Signature of Security Official: _____

PART VIII. ACTION OF PERSONNEL OFFICE

G Exit Interview Conducted
G Retirement SF-2810, Health Benefits, Issued
G SF-8, Unemployment Compensation Notice, Issued
G SF-2821, Life Insurance Status, Issued
G SF-2819, Conversion Privilege, Issued
G DOE 3735.1, Report of Financial Interest, Issued
G Memo, Restrictions Relating to Future Employment, Issued
G Certificate of Procurement Integrity Issued G Not Issued

Date: _____ Signature of Human Resources Official: _____

G I am G am not a Procurement Official (subject to procurement integrity requirements of Public Law 100-679, as amended) leaving the Government during the conduct of a specific procurement(s) expected to result in a contract or contract modification for new work in excess of \$100,000. (If this block is checked, you are required to sign a "Certificate of Procurement Integrity Upon Leaving the Government.")

Date: _____ Signature of Employee: _____